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ABSTRACT

This policy brief reports on the status of state policies and programs that relate to integrating community services for children and families. Problems with the current service delivery system are discussed, and guidelines for creating a profamily system through effective collaboration are outlined. Information from a questionnaire on early childhood state policy is presented for Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, and Wisconsin. For each of these seven states, information on statewide directives, legislation, funding sources, policy implications, constraints, and future goals of the state initiatives is provided. Guest commentaries include: "New Tools for Collaboration" by Jule M. Sugarman, and "Developing Comprehensive Services in Early Childhood: Is Service Integration the Answer?" by Charles Bruner. (MM)

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Policy Briefs are reports on the status of current issues in education from a national perspective, descriptions of actions and agendas in the NCREL region, commentaries by experts from their particular point of view, and resources for further information.

Integrating Community Services for Young Children and Their Families

Overview

By Linda G. Kunesh, NCREL, and Joanne Farley, Consultant

Communities face a host of problems that threaten the physical, social, and individual well-being of their members. Increases in unemployment, high school drop-out rates, divorce, teen pregnancy, substance abuse, and domestic and gang violence are just a sample of the difficult issues that communities must confront. Even more disturbing, these problems appear to be interrelated; children and families who experience one problem are more likely to suffer from other problems as well.

If problems are interrelated our solutions need to be also. Services must be integrated and multidimensional—they must be coordinated to attack many problems at once rather than one problem at a time. Unfortunately, the service delivery system often is fragmented, one-dimensional, noncontinuous, rigid, and under-funded. In short, our solutions to problems that affect large numbers of our population are often inconsistent with the nature of the problems themselves.

Problems with the Service Delivery System

Melaville and Blank (1991) identify several critical flaws in the current service delivery system:

- Most services are *crisis-oriented*, rather than prevention-oriented.
- The social welfare system *divides the problems* of children and families into rigid and distinct categories that fail to reflect interrelated causes and solutions.
- *Functional communication is lacking* between and among public and private sector agencies.
- Specialized agencies have *difficulty crafting comprehensive solutions* to complex problems.
- Existing services are *insufficiently* funded.

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From the perspective of families, some services are not available or easily accessible, while other services are unacceptable because they focus on the family's weaknesses and problems rather than its strengths.

Services must be integrated and multidimensional—they must be coordinated to attack many problems at once rather than one problem at a time.

Meanwhile, teachers, social workers, nurse practitioners, and other "frontline" workers who deal directly with families also fault the system. They are frustrated that youngsters come to school with problems that interfere with learning. They also acknowledge being overburdened by high caseloads and constrained by strict rules governing whom they can work with, for how long, and what services they can offer.

The Need to Work Together

To address both community problems and problems in the service delivery system, many agencies are reworking their organizational thought and practice to emphasize interagency cooperation, coordination, and collaboration. Educational, health, and social service agencies are beginning to recognize that only by working together can they provide services that are integrated rather than fragmented, multidimensional rather than one-dimensional, and continuous rather than sporadic. Still, for agencies accustomed to competition, boundary protection, and categorical funding, recognizing the need to work together is much easier than actually practicing it.

Recent reports and studies suggest that this need is particularly acute among agencies that provide services to young children—from birth through age eight—and their families.

Ensuring that mothers receive adequate prenatal care, that young children receive adequate parenting and guidance, that young children receive appropriate health care and physical development, and that they receive developmentally appropriate primary care and education is, in the final analysis, the responsibility of not only parents and family members but a host of other health, education, and social institutions as well. Communities must recognize their responsibility to and self-interest in the early experiences of children. An awareness of our interdependence necessitates increased environmental resources targeted at best outcomes for our youngest citizens. Thus, the efficacy of efforts aimed at caring for our children in healthy and appropriate ways will depend, in part, on the ability of parents, families, schools, service providers, and community organizations to work together toward this end.

Early Childhood: A "Non-System"

We must also recognize that the current collection of education, health, and human services for young children and their families is just that, a "collection" of services, not a unified system. For example,

At the federal level alone, over $10 billion in 27 separate programs support early childhood activities (Sugarman, 1991). Early childhood programs may be funded through the Department of Education via Chapter 1, Even Start, PL 99-457, as well as from the Department of Health and Human Services through Head Start, the Child Care and Development Block Grant Program, the Social Service Block Grant Program, and a number of work-related child care programs. Parents also receive support from the Internal Revenue Service via the child care tax credit. This proliferation of programs is mirrored and extended at the state level, resulting in a variety of serious problems for local government, for program providers, and most seriously for families and children (National Association of State Boards of Education [NASBE], 1991, p.22).

School Readiness

Following the 1989 Education Summit Conference in Charlottesville, Virginia, President Bush and the 50 governors announced our National Education Goals. The importance of early childhood experiences could not have been given more emphasis. Goal #1 reads: *"By the year 2000, all children in America will start school ready to learn."*

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This goal is strongly supported by political leaders of both parties as well as the general public. It reflects the nation's increased awareness that early childhood experiences influence school performance, and it expresses a deep concern for the way in which young children and families are supported. No wonder many policymakers and practitioners feel that achieving the first goal is a prerequisite for achieving the others.

Goal #1 echoes what many early childhood advocates have been saying for a long time. We cannot expect children to learn if they come to school hungry or poorly nourished, if they are ill, if they have poor or no health care, and if they do not have the support of families and communities. But the responsibility for readiness does not reside with children. Families, schools, and communities have the *responsibility and obligation* to ensure children's readiness.

In 1991, the National School Readiness Task Force issued a report to encourage and guide public policy and community efforts to achieve Goal #1. Central to this report is a *redefinition of school readiness:*

- School readiness involves not only academic knowledge and skills, but also physical health, self-confidence, and social competence.
- School readiness is not determined solely by the abilities and capacities of young children. It is shaped and developed by people and environments. Further, "getting ready for school involves helping children in the context of families and improving programs in terms of the morale and skill of their staff members" (p.11).
- School readiness is not determined solely by the quality of early childhood programs. Readiness also depends on the expectations and capacities of teachers and elementary schools, including factors such as developmentally and culturally appropriate practice, class size, access to technology, and staff development.
- School readiness is also the responsibility of communities, because they have a stake in and an obligation to support families in the development of healthy young children (NASBE, 1991).

Caring Communities

As the National School Readiness Task Force report indicates, if we expect to affect outcomes for young children and families, we need a *system* of services that is both accessible and affordable to these families. This system must support the development of *caring communities.*

What are caring communities? According to the National School Readiness Task Force, caring communities provide comprehensive support for young children ages 0-4 and their families. They fill gaps in health, family support, child care, and related human services, and work to link services to bring more continuous and convenient help to families. They improve support for young children and families in public schools. Elementary schools in caring communities implement "developmentally appropriate" teaching and assessment practices, increase parent involvement and professional development for staff, and work with community agencies to provide appropriate and effective services to children and families (NASBE, 1991, p. 15).

What Will It Take?

The National School Readiness Task Force report argues that a new vision of comprehensive support for young children and families is necessary. This vision to create caring communities depends on four areas of action:

Local leadership and planning to develop public commitment and strategies to improve support for young children and families in early childhood programs and schools.

Responsive federal policies and resources in order to implement local plans. These federal policies must allow local decision-making to improve the effectiveness of local early childhood programs and schools. Federal funds can help overcome extreme variations in community resources and thus offer more equal opportunity for all families and children.

State government leadership to pull together federal and state mandates and

funds to create more coherent and flexible local service systems. State policy and management are critical to improving local programs and schools and to developing an effective early childhood workforce.

Private sector and voluntary agency commitment to complement public early childhood programs and to build additional sources of support for families. (NASBE, 1991, p. 40).

Elements of an Early Childhood System

The National Task Force on School Readiness provides the framework for an early childhood *system* that is family-focused, comprehensive, community-based, integrated, of high quality in regard to developmentally appropriate practice, inclusive, and equitable. We offer the following definitions adapted from the Nebraska Department of Education (1992) to further describe the system:

Family-focused. Parents have the primary responsibility for and influence on their children's development and learning. Services that improve the lives of parents improve the lives of children.

Comprehensive. Services must give attention to all domains of development and include needed health and social services in addition to eduction.

Community-based. Local communities are most qualified to determine what is needed for their own citizens.

Integrated. Collaboration among public and private programs and services is required to meet child and family needs and to make the most efficient use of public resources.

High Quality/Developmentally Appropriate Practice. Outcomes for young children, birth through age eight, are strengthened when programs and services display research-based elements of quality, including the following:

- Staff trained in child development
- Low staff-child ratios and group sizes
- Developmentally appropriate curriculum, methodologies, and assessment
- Extensive family involvement and access to resources
- Culturally responsible approaches
- Ongoing staff development and supportive supervision

Inclusive. All children benefit when they have optimum opportunities to interact in groups comprising children of diverse backgrounds, abilities, and characteristics.

Equitable. Practices strive for achievement by all children, including children from minority groups, with disabilities, and/or from less advantaged backgrounds. Implementation includes fairer alternatives to practices such as early labeling and grouping, extra-year classes, grade retention, and delayed kindergarten entrance.

Changing Direction Toward a Profamily System

If communities are going to support young children and their families, then new ways of crafting service delivery efforts must be found. Efforts must go beyond cooperation and coordination to *collaboration*.

In 1991, the U.S. Departments of Education and Health and Human Services convened 26 practitioners, researchers, and scholars from around the country who were developing innovative service delivery for children, youth, and families. These individuals, collectively called the School-Linked Integrated Services Study Group, were charged with discussing their experiences in collaborative endeavors. Three writers captured these experiences in a guide for integrating services, entitled *Together We Can: A Guide for Crafting a Profamily System of Education and Human Services* (Melaville, Blank, and Asayesh 1993). The Study Group based its discussions on a vision of "communities where learning can happen and the creation of a 'profamily' system that expands the capacity of helping institutions and crisis-intervention and treatment services to work together" (p. vii).

Basic to the guide is the concept of *systems change*—"a revision of the ways that people and institutions think, behave, and use their resources to affect fundamentally the

types, quality, and degree of service delivery to children and families" (Melaville, Blank, & Asayesh, 1993, p. vii). The Study Group believes that *collaborative strategies* are the key to systems change.

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In a collaborative strategy, partners share a common vision, establish common goals, and agree to use their personal and institutional power to achieve them. Partners have authority to speak for their institutions or the segments of the community that they represent; to commit resources (human, material, and financial); and to alter existing policies and procedures to attain measurable and attainable objectives. Finally, "they accept individual and collective responsibility for outcomes" (Melaville, Blank, and Asayesh, 1993, p. 15).

Inherent in a profamily system are new working relationships, operating assumptions, and high-quality services that support families and help them reach their potential. While the specifics of such a system will vary according to the needs of each community and the availability of resources, a profamily system will generally have the following *characteristics:*

- **Comprehensive.** A variety of opportunities and services respond to the full range of child and family needs.
- **Preventive.** The bulk of resources are provided at the "front end" to *prevent* problems rather than at the "back end" for more costly crisis-intervention and treatment services.
- **Family-centered and family-driven.** The system meets the needs of whole families, not just individuals, and assumes that every family has strengths. Families have a major voice in setting goals and deciding which services they need to meet these goals. Service delivery features (e.g., hours and location of services) serve family needs, rather than institutional preferences.
- **Integrated.** Separate services are connected by common intake, eligibility determination, and individual family service planning so that each family's entire range of needs is addressed.
- **Developmental.** Assessments and plans respond to children's and families' changing needs.
- **Flexible.** Frontline workers respond quickly to family needs, and waivers are available to address emergencies or prevent them from occurring.
- **Sensitive to cultural, gender, ability, and racial differences.** Respect for differences is formalized in systemwide policy statements, carried out in staff development activities, and reflected through diversity in governing boards and staff.
- **Outcomes-oriented.** Performance is measured by improved outcomes for children and families, not simply by the number and kind of services delivered (Melaville, Blank, & Asayesh, 1993).

Effective Initiatives to Change Service Delivery Systems

Throughout the country, in urban and rural areas, numerous communities and counties have formed collaboratives and have begun initiatives to create more responsive services for children and families. While none have fully implemented a "communitywide profamily system," their combined efforts suggest that *effective service integration initiatives* share certain characteristics:

- They are *school-linked*, providing services and programs for children and families from a school or group of schools. School staff, along with personnel in other agencies, are involved in planning, operating, and governing the initiatives.
- They are *rooted in the community* and are closely connected to state government, having the backing and involvement of those who use services, those who provide them, and those who help pay for them.

- They use *place-specific service delivery prototypes to create systems change*—that is, before expanding, they experiment with designing and delivering services tailored to target populations or neighborhoods.
- They are *data-driven.* They develop comprehensive community profiles that establish baseline indicators showing how well children and families are faring, how well services are meeting family needs, and where gaps in services exist.
- They are *financially pragmatic,* using existing resources fully. External support is used primarily for planning and to provide enough financial stability to ensure that pilot efforts lead to system-wide policy changes.
- They use new forms of *interprofessional preservice and inservice education, training, and leadership development.*
- They *engage all citizens* in decisions about the social and economic well-being of children and families.
- They *balance the political and technical dimensions of systems change* (Melaville, Blank, & Asayesh, 1993).

Guidelines for Effective Collaboration

Many factors are likely to influence the success or failure of interagency collaborations, and no two collaboratives will progress in exactly the same way or within the same time frame. Each effort must find a way to proceed that is consistent with its unique circumstances and composition. Nevertheless, the literature on collaboration offers some suggested guidelines that have wide applicability:

- *Involve all key players* so that collaborative decisions and activities will receive widespread support and recognition.
- Ensure that the collaborative's *leadership* is visionary, is willing to take risks, and facilitates change rather than directs it.
- Establish a *shared vision* of how the collaborative should progress and of the *expected outcomes* for children and families served by the collaborative partners.
- Build *ownership at all levels.* Commitment to change must be mobilized at all organizational levels of member agencies and among community members involved in the collaborative.
- Establish *communication and decision-making processes* that accept disagreement among actors as part of the process and establish ways to address conflict constructively.
- Institutionalize change by encouraging member agencies to include *collaborative goals* in their own institutional mandates and by *earmarking funds* to carry out collaborative activities.

Finally—and perhaps most important—remember that change begins with individuals, not institutions. It is essential that *agency representatives be allowed to take the necessary time from routine responsibilities to meet and interact with one another* so that trust and respect on an individual level can be generated. Personal interactions across agencies nurture trusting relationships that will sustain the growing pains naturally associated with systemic change.

Clearly, the road to successful school readiness involves a new vision that encompasses not only children and their environments, but the roles that schools, communities, and service agencies must play in the healthy development of children and their families. Rearing and educating healthy children who are able to succeed in school and society require new strategies for communitywide commitment to address the needs of the whole child.

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Joanne Farley is an independent consultant based in Hilliard, Ohio. She has conducted extensive research and evaluation of interagency collaboration and integrated service systems at the national, state, and local levels. She is also the principal investigator for NCREL's Early Childhood Collaboration Study.

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Regional Actions and Agendas

Editor's Note: *It is important for us to know about the need for collaborative arrangements and conditions necessary to make them work. This is information that will guide federal, state, and local policy. For this issue of* ***Policy Briefs,*** *NCREL's state contacts in early childhood education responded to a questionnaire on early childhood state policy. Answers in each state's report also pertain to programs that serve children who are at-risk, have disabilities, receive services through welfare, Chapter 1, and so forth. The information received from the questionnaire has been significantly edited to keep this report brief. Much more is "going on" than could be reported here. For more extensive information on each state, NCREL will be happy to provide you with the complete unedited text upon your request.*

Included at the end of each state's information, is a brief description of a collaborative effort in that state which is being examined in NCREL's Early Childhood Collaboration Study.

A report of these seven communities' initiatives will be forthcoming.

Illinois

Illinois has a number of initiatives and programs to serve young children and families. Project Success and the Early Intervention Services System are highlighted here.

Statewide Directives

Project Success is a multi-agency collaborative effort to improve health and social services delivery to children and families in order to ensure that all Illinois children come to school prepared to learn. Piloted in six sites during 1992-93, it is now operating in 33 additional sites throughout the state. The program targets communities with a high percentage of students who are academically at-risk. However, its goal is to involve every Illinois school and community in building a self-sustaining community network of supportive services on behalf of children and families.

Legislation

The Early Intervention Services System Act, P.A. 87-680, requires ten state agencies, parents, providers, and representatives from the legislature and personnel training institutions to collaborate to integrate services for young children, with disabilities and those who are considered at-risk.

Funding Sources

Illinois State Board of Education (ISBE), has a line item for Project Success in its budget. This money covers one-time start-up grants, technical assistance, evaluation, and operations of the program for FY 94. Funds for the Early Intervention Services System come from the ISBE, Department of Mental Health and Developmental Disabilities, as well as other state agencies. Federal programs such as Chapter 1, Even Start, Head Start, Part H, Medicaid, Maternal and Child Health, Child Care Block Grants, and Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) are used for statewide collaboration. Funds also come from local organizations such as the Kiwanis Club, United Way, churches, and synagogues.

Implications

State Policymakers

Project Success and the Early Intervention Services System provide opportunities for policymakers to cross agency boundaries in designing and offering appropriate programs for children and families. Integrated services are considered to be cost-effective, parents are advocating for such programs, and policymakers have expressed an interest in collaboration.

State-Level Agency Heads and Staff

State-level agency heads and staff have signed many agency/interagency agreements and memoranda of understanding. An agreement between Head Start and ISBE also has been signed. To date, formal meetings and agreements between agency staff and related informal networks have resulted in specialized services, concentrated resources, and streamlined access to services. Efficient and effective use of taxpayer dollars is a long-term goal for all state agencies participating in these initiatives.

Local Agency Staff

Many interagency agreements are signed at the local level and many communities have local interagency coordinating councils or local governing boards.

Consumers / Families

Families are encouraged to be actively involved in local interagency coordinating councils and local governing boards, assisting in the development and monitoring of the communities' initiatives.

Constraints

Meetings require more time: Mid-level staff meet to communicate and build bridges. It also is difficult to define collaboration and determine how agencies at the state level should amend their policies or activities to respond to needs at the local level. Problems associated with the lack of experience in planning and delivering collaborative efforts are expected at both state and local levels, however technical assistance to improve members' skills will be provided.

Future

With in-depth strategic planning, the Early Intervention Services System and Project Success are both receiving assistance, resources, and support from the state. Further, both efforts focus on strengthening the community's existing structures and using local expertise to better integrate service for children and families.

Bensenville Intergovernmental Group

The Bensenville Intergovernmental Group (BIG) comprises the five major taxing bodies for the community of Bensenville, Illinois. These taxing bodies came together after recognizing the need to coordinate the use of tax dollars in meeting the needs of Bensenville residents. Four years ago, BIG committed itself to helping Bensenville become a "life long learning community" by integrating educational, social, and community services. This mission is being realized by a task force charged with collaborative planning and action to ensure that children and families receive the full range of necessary services. These services include but are not limited to early childhood programming, including bilingual and ESL programs; family and child literacy programs; adult education and GED preparation for families; parent education; and health services for young children and families.

During the summer of 1993, the Bensenville Public Library received a Project Success grant awarded to selected local communities by the Illinois State Board of Education. This grant is part of a statewide initiative to help communities build collaborative and integrated service mechanisms which will improve service delivery to children and families. Bensenville plans to use this grant to develop a computerized information base that will enable parents, professionals, and practitioners to better access community services and resources for families in need.

Indiana

Statewide Directives

Step Ahead was initiated statewide to coordinate early childhood services, including family literacy, education, job training, professional development, nutrition, family support, and health, for children - birth to 13. Step Ahead is a system that will increase the availability of quality, affordable services for families and children by linking local, state, federal, and private resources more effectively.

County Step Ahead Councils are in place in all of Indiana's 92 counties. Each council is conducting a county needs assessment and developing a plan of action. Using this information, community leaders will create links, expand programs, and enhance the local service delivery system. The plan will be a road map for providing services as county leaders implement, monitor, and evaluate its progress.

Decision-making and prioritizing focus on active efforts to reduce the number of children who require services later in life.

Legislation

Indiana Code 20-1-1.8, establishing goals for the Step Ahead program, was passed with the support of both parties and the Governor and took effect July 1, 1991.

Funding Sources

Sources include: Title IV-A Guaranteed, Transitional, and At-Risk Child Care; Social Services Block Grant (Title XX) Child Care; Child Care and Development Block Grant; School Age Child Care (SACC) Project Funds; Dependent Care Development Grant; and the U.S. Department of Education, Department of Mental Health.

Implications

State Policymakers

Decision-making and prioritizing focus on active efforts to reduce the number of children who require services later in life. Early screening and diagnostic services are promoted. Funding is coordinated to enhance prevention services. Family-centered policies address family needs to increase self-sufficiency and decrease dependence on services.

State-Level Agency Heads and Staff

Efforts are designed to maximize parental choice and ensure latitude in decision-making for local leaders. Funds are linked for more efficient use of resources. Programs and initiatives are evaluated based on the community's and family's holistic needs. Public awareness materials and consumer education information are disseminated to local leaders. Agencies are encouraged to collaborate and keep channels of communication open.

Local Agency Staff

Decisions reflect the identified county priorities. Funding follows the child. Programs are monitored and evaluated for consistency with the county Step Ahead mission and plan of action. The service providers disseminate consumer education and public awareness information.

Consumers/Families

Consumer participation, input, and decision-making on the county Step Ahead Council are strongly encouraged. Parents monitor and evaluate the service providers and receive educational materials and training to support their roles as consumers of services.

Constraints

All participants must be willing to foster change. The attitude of state and local leaders must change from:

- Reactive to *proactive*
- Dependent to *interdependent*
- State-driven to *locally driven*
- Stagnant to *dynamic*
- Provider-focused to *family-focused*

Future

In the first year of planning, councils began the countywide needs assessment and a plan of action. The second year coordination grant allows communities to continue developing their council structure and their evaluation and monitoring systems to ensure that the plan of action responds to local needs, and allows the option of funding a project for one year that is based on their plan.

Future goals include: enhancing and expanding services; effectively using local, state, federal, and private resources to ensure that high-quality services are accessible to all Indiana children; and evaluating the outcomes of local efforts.

New Hope's Kids Place

While interagency cooperation has been occurring in Scott County for more than a decade, Kids Place is the culmination of a cooperative initiative begun by local service providers and community residents in 1986. Recognizing the need for child care and for more comprehensive services to children and families at risk, concerned social service representatives and parents grouped together to win support for and financial backing for the Kids Place concept. Kids Place is housed in a single building in the town of Scottsburg, Indiana, which is owned by New Hope Services, Inc., a private, not-for-profit organization which provides programming for children and families. Within Kids Place are located early childhood education programs, the County Health Department, and the WIC programs. Collectively these programs work with one another and with other child and family oriented programs throughout the county to provide young children and families with extensive and integrated services to attain healthy and productive life styles. As representatives repeatedly emphasize, Kids Place is an innovative concept which is something more than just a building where diverse services share space. Rather, it is a concept which attempts to meet the needs of the whole child.

Iowa

Statewide Directives

The Iowa General Assembly formed the Child Development Coordinating Council (CDCC) in 1988 to promote child development services to young children and families at-risk. CDCC administers $4.6 million to establish quality child development programs in 57 sites, including Head Start, public schools, and nonprofit centers. Parent education and support programs have been established in 12 sites. The cross-agency council ensures the development, delivery, and promotion of high-quality, family-centered early childhood services for all of Iowa's children and families. The Iowa Day Care Advisory Committee has identified program and funding streams across agencies to enable subcommittees to make more informed policy decisions and has forged a much closer link between the agencies of education, health, and human services.

The State Human Investment Plan (SHIP) is one of several initiatives to reduce long-term welfare dependency through family-centered services. The Early Childhood Special Education Councils are strengthening community and regional interagency collaboration through the regional early intervention councils. The goal is to reduce duplication of services, identify gaps in services, and provide a formal link between health, education, and human services and other agencies. The Family Strategies Work Group composed of the State Directors of Education, Employment Services, Health, Economic Development and Human Services meets monthly to coordinate their efforts to increase and enhance the services available to Iowans and their communities through communication, cooperation and creativity. Their pledge encompasses review and elimination of barriers at either the state or local level. They work together to identify commonalties of program service areas from both state and federal resources and to implement demonstration projects that will expand and enhance services without increasing costs.

Legislation

Legislation establishing the Family Resource Center, HF 2467, was passed without appropriation in 1992 and amended again without appropriation in 1993. In 1988, SF 2192 established the Child Development Coordinating Council and initial funding ($1.2 million) for Child Development Programs; the state appropriation was increased ($4.6 million) to establish Parent Education and Support Programs in 1991. SF 223 required the public school districts in Iowa to form local early childhood advisory committees to survey the local communities and identify early childhood programs and barriers to providing programs. This legislation also mandated developmentally appropriate curriculum for children age

four through third grade. The result was a collaborative effort by the Departments of Education in Iowa and Nebraska revising a document from the Ministry of Education in British Columbia. The two state departments, the Iowa Area Education Agencies, and the Head Start State Collaboration Project published *The Primary Program: Growing and Learning in the Heartland*, documenting the value of family and community partnerships to the health, education, and well-being of younger children.

Funding Sources

The typical funding sources used in Iowa are those that exist in many states, including: state funds, federal Child Care and Development Block Grant, Even Start, Head Start, Special Education, Part H, and Chapter I, and other local funding, as well as grant programs. There is a strong movement to explore the concept of re-financing programs through merged funding streams.

Implications

State Policymakers

The ability exists to assist councils and committees by supporting legislation that enables their work and eliminates conflict between existing policies. Inclusionary language will support coordination of services rather than separation of services.

State-Level Agency Heads and Staff

Staff will be empowered to support effective program development and will see a decline in the layering of programs in independent agencies. Staff must be allowed adequate time to design new programs.

Communities and Families

The system will allow greater family responsibility and choice; provide easier access to programs; create a single line of support rather than fragmentation across agencies; improve consistency of service; increase family-centered support; and enhance family development and sustainable communities.

Constraints

This approach requires time to develop a coordinated plan and must overcome human insecurity, territorial attitudes due to funding restrictions, individualized funding streams, and existing guidelines that *prevent* coordination and collaboration.

Future

Increased focus on refinancing through existing funding sources or newly merged funding streams will allow for change at all levels. The convergence of these programs will build a broader base for services that can deal with multiple challenges

The SUCCESS Program

The Children At-Risk Planning Council was formed in March 1990 in Des Moines, Iowa, under the auspices of the United Way of Central Iowa. The mission of the Council is to integrate human services planning, provide for the exchange of information, and develop common goals and strategies to address the needs of children and youth in the community who are at high risk. The Council—in conjunction with the United Way of Central Iowa, Community Focus, Inc., and the New Horizons Program of the Des Moines Public Schools—were awarded Department of Education funds to develop school-based youth services. The SUCCESS Program began operation in July 1990 at Moulton Elementary, Harding Middle, and North High Schools. SUCCESS uses interagency collaboration to implement a case management model and access a range of educational, health, substance abuse prevention, mental health, and employment services for young children, adolescents, and families in need.

As of the 1992-1993 school year, Des Moines Public Schools initiated the Success by Six Initiative. This initiative will work with SUCCESS Family Resource Centers to provide case management services to families of young children. Families receiving case management services will receive intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up. Family support services to be provided include: maternal and child health care; nutrition counseling; parent education in areas such as child development and positive discipline; Head Start programming; crisis intervention; substance abuse counseling; and job training and placement assistance.

Michigan

Statewide Directives

In 1991, the Governor established the Human Service Interagency Work Group, which includes directors of the Departments of Mental Health, Public Health, Social Services, Education, and the Agency on Aging. The group assesses existing systems, facilitates programmatic cooperation, and advises the Governor. In April 1991, the directors sent the Governor an action agenda for children's services and a set of principles to guide interdepartmental policy- and decision-making with regard to children and families. The principles "emphasize the importance of prevention through health, education, and family support services and recognize the role and responsibilities of families and communities in developing healthy and achieving children."

Legislation

Legislation requires program coordination and interagency collaboration for state and federal programs housed in the Department of Education, which may include formal written agreements, shared staff and resources, interagency and intradepartmental planning and implementation, and joint staff training. Head Start programs and other agencies must coordinate comprehensive services, and many of the federally funded programs in the state departments are required to work with community programs to provide services to specific clients. Programs housed in the Department of Education affected by legislative requirements include the following:

Preschool Program for Four Year Old Children "At Risk" (state funded) The Michigan Early Childhood Program has established collaborative efforts with service units within the Department. Collaborative efforts with other state departments and agencies or organizations to coordinate staff training, facilitate the legal operation of programs, and serve on ad hoc or planning committees are also established. At the local level, all programs must maintain advisory committees drawn from the Departments of Health, Social Services, appropriate volunteer agencies, and parents. Nearly one-fifth of the local school districts have formal subcontracting relationships with Head Start to implement the preschool program.

Compensatory Education Chapter 1 (federal funds), **Article 3** (state funds), and **Even Start** (federal funds) Intradepartmental collaborative efforts have been established between Compensatory Education, the Special Education Service Unit, and the Comprehensive Programs in Health and Early Childhood to facilitate program planning and local staff training for Chapter 1 and Article 3. Early Childhood staff are working with staff from Chapter 1 and from the Adult Literacy unit to implement Even Start.

The principles "emphasize the importance of prevention through health, education, and family support services and recognize the role and responsibilities of families and communities in developing healthy and achieving children."

Child Care and Development Block Grant (federal) The Department of Social Services has a contractual relationship with local Head Start programs and the Department of Education to implement 25% of the grant to "improve the quality and availability of child development programs and before and after school child care." Agencies receiving a grant from the Department of Education are required to establish an advisory committee and coordinate services with other programs within their communities.

Dependent Care (preschool category) (federal) The Department of Education has a contractual relationship with the Department of Social Services to administer and implement the resources and referral component of the Dependent Care Grant. The 4-C offices offer child care provider training, technical assistance, and resource and referral services for parents.

Migrant Education (federal funds) Additional funding for meals of preschool children enrolled in migrant programs are available through collaborative efforts with the Department of Social Services and the U.S. Department of Agriculture, Food and Nutri-

tion Program. The State Education Agency (SEA) works with the existing Chapter 1 Even Start programs and encourages local education agencies to assist Migrant Head Start programs in the recruitment and referral process.

Special Education Program for Children Birth Through Five Years of Age (federal and state) Special efforts for intra-agency and inter-agency collaboration were undertaken through participation on statewide planning, steering, and/or advisory committees designed to improve coordinated services for children with handicapping conditions. Intra-agency collaboration consists of program implementation of the Michigan Child Find Project and an Annual Training Conference for Preprimary Special Education, Early Intervention staff, Part H Coordinators and staff from state-funded preschool programs.

Part H of IDEA - Infant and Toddler Program A Governor-appointed State Interagency Coordinating Council advises the Michigan Department of Education, the lead agency, in the planning, development, and administration of the Infant and Toddler Early Intervention Program. Both public and private providers of early intervention services, parents, advocates, and others are involved in this process. In addition, the Department uses Part H federal funds to support staff liaisons in the partner agencies (Departments of Mental Health, Public Health, and Social Services) to facilitate the coordination of interagency programs and services. Across Michigan, local interagency coordinating councils are working to identify and coordinate all appropriate resources for infants and toddlers with special needs and their families.

Funding Sources

Both state and federal funds are used for collaboration to ensure legislatively required program implementation, e.g., Part H of IDEA and State-Funded Preschool.

Implications

The implication of collaboration between policymakers, state-level and local administrators and staff would be to establish more cost-effective federal and state budgets, and identifying gaps and/or duplication of existing services. This will lead to improved long-range program planning and more accurate budget projections.

Constraints

Constraints include communication (understanding professional jargon among diverse disciplines); restrictive legislation and regulations; a shortage of staff trained to take a multidisciplinary and interagency approach; and territorial issues. Moreover, with so many efforts—all requiring coordination—there is a need to "coordinate" the coordination. In October 1992, the State Board of Education approved a position within the SEA, the Assistant Superintendent for Interagency Coordination and special projects, to work toward this goal.

Future

All existing efforts will continue. Indeed, they will intensify and expand, because effective program "models" are being developed, and the products from these efforts are being disseminated through training conferences and presentations.

The Human Services Network

Operating in Hillsdale, Michigan, the Human Services Network (HSN) originated in 1986 when a group of middle management personnel from local educational and human service agencies began to meet on a regular basis to improve intra-agency communication. Since those early days, HSN has evolved into a communitywide collaborative; its primary mission is to improve integrated service delivery to community residents in need. HSN members identify the service needs of the community and plan and implement coordinated service mechanisms to address those needs. HSN includes educational, human service, judicial, health, mental health, and other community services. To date, collaboration within HSN has made possible the coordinated delivery of services that include, but are not limited to educational and support services for developmentally delayed, medically fragile, and other at risk-young children; protective services for children and families; case management, health, counseling, and family literacy services; and parenting education.

Minnesota

Statewide Directives

Action for Children Commission. In 1991, the Governor created the Action for Children Commission which brought together 30 representatives of the executive branch, legislature, business community, and the children's advocacy community.

Children's Cabinet. The Action for Children Commission created a Children's Cabinet to review programs across agency lines and help develop a common vision for children. The cabinet developed an integrated children's budget as part of the Governor's budget sent to the 1993 Minnesota Legislature. The Cabinet oversees all funding requests for children's services, using its expertise and influence to leverage monies for more comprehensive program planning at local levels.

Legislative Commission on Children, Youth, and Their Families. The Minnesota Legislature created a special Legislative Commission on Children, Youth, and Their Families in 1991. For the first time, Minnesota has bipartisan leadership from both the executive and legislative branches to create a service delivery system for children and families designed around family needs rather than individual program concerns.

The Pew Charitable Trusts and Children's Initiative. In 1992, Minnesota was selected as one of five states to participate in the Stage 2: Development Planning initiative, based on an application by all relevant state agencies, businesses, consumers, legislators, and others. The Initiative calls for states and communities to adopt a new way of working with families, to reshape service delivery systems, and to shift from a crisis-oriented, fragmented, and inadequate approach to one of inclusion and effective supports for all children.

Legislative directives have created initiatives that have cross-agency collaboration as a goal, including the following:

The Early Childhood Family Education (ECFE) Program is a universal entitlement available to all families with children from birth to kindergarten. The program educates parents and provides services that involve parents and children in experiences that promote the social, emotional, and physical development of young children and families. This program offers a ready-made structure on which to build other services for young children and families. The concept for Family Resource Centers evolved as part of the ECFE program.

Early Intervention Services. Minnesota has a constellation of early intervention services for prekindergarten children and their families. One statewide system is the Interagency Early Intervention Program for children with disabilities and their families. Families who need special help for children with disabilities receive coordinated and comprehensive services based on the family's need.

School Readiness. Early Childhood Family Education, Early Childhood Special Education, Head Start, and a new Learning Readiness initiative are working together to ensure better outcomes for families and children. As an example, the Learning Readiness program is a continuum of coordinated services for all four year olds based on identified needs.

Legislation

Legislated programs include Interagency Early Intervention (state council and local committees), Way to Grow, Learning Readiness, Early Childhood Family Education, Early Childhood Screening, and Home Visiting Program for Prevention of Abuse and Neglect.

Funding Sources

In addition to the sources mentioned above, funding sources include Foundation grants—e.g., McKnight, Bremer; Even Start; Head Start State Collaboration Grant; The Pew Charitable Trusts Children's Initiatives; and Grants for Family Service at Community Based Collaborations. State collaboration grant funds ($7.7 million) are a major new resource to enable communities to plan or implement a collaboration system.

Implications

State Policymakers

Policymakers must become more familiar with the existing systems, programs, and customers. "Sacred cows" and emotional

favorites will need to be examined and evaluated. Trust and risk-taking will be needed in decategorizing some funds for true integration of services. Micro-managing will not be appropriate.

State-Level Agency Heads and Staff

State-level agency heads and staff will need to adopt an interagency approach, become adept at collaborating, provide training in collaboration, and develop position descriptions that incorporate the time and skills necessary for a collaborative system.

Local Agency Staff

Local agency staff need cross-disciplinary training to work more effectively with children and families as well as training in collaboration as the new way of delivering services. Strong leadership will be necessary to assist staff in making this change and assuming local responsibility for most effective use of more flexible funding.

Consumers / Families

Children and families will be able to access services in the form most useful to them. Families with multiple needs will be viewed holistically and their needs will be met with comprehensive, coordinated services. Families will make choices appropriate to their situation and values.

Creating awareness of the mission is a major step.

Constraints

This approach requires more flexible funding and a greater awareness of resources and strategies. Obstacles include program protection by local staff and customers; lack of trust; and difficulty making changes.

State-Level Strategies

Strategies include working with the Pew Children's Initiative to develop integrated services made more easily accessible by universal access family centers; new front-line practices; a new governance system; streamlined information systems; and more effective finance mechanisms.

Future

Creating awareness of the mission is a major step. Implementing in two counties and one large city to demonstrate the potential of this collaboration process will create an incentive for others to get on board.

The Community Partnership

The Community Partnership was formed in 1990 as a result of a decision by the United Way of St. Paul, Minnesota, to devote funds to improving the level of affordable and available, quality child care within the community. Over 140 educational, human service, health, local governmental, community and private sector organizations have been involved in one way or another in the Community Partnership's efforts. The main thrust of the Partnership has been to develop a community vision and plan for providing those in need with better and more affordable child care. In October of 1992, the Partnership through its lead agency, Resources for Child Caring, developed a plan resulting from collaborative planning efforts over the past two to three years.

In December 1992, Minnesota received a grant from the Pew Charitable Trust to establish a community planning processes to improve the lives of children and families. St. Paul was selected as one of three localities to participate in this grant. As a result, St. Paul agencies, schools and community organizations established The Children's Initiative to conduct a planning process that may result in further award from Pew for implementation of the plan. Since the Community Partnership has focused primarily on child care issues, the Children's Initiative has a broader focus and is taking up issues related to children's health, children's development, barriers to the success of children in school, and the healthy functioning of families. Consequently, the membership of the Community Partnership, some of whom are also members of the Children's Initiative, are working toward integrating their plan with that of the Children's Initative. The Community Partnership will continue meeting as an interest and advocacy group which will collaborate with the Children's Initiative on issues related to ensuring that quality child care is affordable and available to all St. Paul residents.

Ohio

Statewide Directives

The Governor created the Ohio Family and Children First Cabinet Council, which is charged with streamlining the state bureaucracy for family programs and emphasizing prevention and early intervention for young children. At the county level, Local Family Service Councils will serve as the county planning and policy vehicle for coordinating and developing local services to meet desired state and local outcomes for families.

Legislation

The Ohio Family and Children First Initiative is in the development stage. Legislation may be considered in the future.

Funding Sources

This new initiative considers realigning existing dollars, leveraging additional federal dollars, pursuing private funding, and seeking new state dollars.

Implications

State Policymakers

This approach could involve allocation of new dollars: reallocation of existing dollars; and statutory changes in governance.

State-Level Agency Heads and Staff

The new initiative will increase: the number of consumers represented or actively participating on state-level advisory committees; the number of staff and agencies participating in cross-system training; and the amount of money pooled to support collaborative efforts for children from birth to age eight. Accountability will be based on measurable outcomes and funding will be tied to those outcomes.

Local Agency Staff

This approach will increase collaborative planning; the number of staff and agencies participating in cross-system training; the regionalization of service delivery; and the combined dollars supporting collaborative efforts. It also will bring changes in governance structures and decrease regulation and bureaucracy. Collaboration will become a condition of funding, accountability will be based on measurable outcomes, and funding will be tied to those outcomes.

Consumers / Families

Access to services will be based on the expressed needs of children and their families. Identification of needs and interventions will occur earlier and focus on the support and maintenance of intact families. Collaboration between systems will allow more efficient and effective service delivery. In-home and community-based services and supports will increase. Services will build on the strengths and resources of children and their families and will be clinically and culturally competent.

Constraints

Constraints include implementing change to create a new system; funding; turf; and federal and state statutes and regulations. These issues are being addressed in the work plan designed to implement the Ohio Family and Children First Initiative.

Future

The Governor, the cabinet directors, and the state superintendent are committed to the Ohio Family and Children First Initiative.

Access to services will be based on the expressed needs of children and their families. Identification of needs and interventions will occur earlier and focus on the support and maintenance of intact families. Collaboration between systems will allow more efficient and effective service delivery. In-home and community-based services and supports will increase. Services will build on the strengths and resources of children and their families and will be clinically and culturally competent.

Stark County Early Childhood Collaborative Initiative

The Stark County Early Childhood Collaborative Initiative in Stark County, Ohio, focuses on using educational collaboration to engage young children as active learners and to more actively involve parents and families in their children's educational processes. The Initiative provides services and programs to children, ages three to eight, including disadvantaged children and children with special needs. The core of the initiative is seven cooperative early childhood education sites, each of which involves community-based services and agencies in planning and delivering programs to young children and families. Two major goals of the Stark County Program are to develop a collaborative planning process for Early Childhood Programs and to develop a primary model that includes transitioning, staff development, parent involvement, technology, appropriate assessment, and the utilization of community linkages. The program sites build upon the neighborhood resources within the community. The Stark County Programs include collaboration with 12 school districts, County Health Department, YMCA, private child care centers, local universities, libraries, Head Start and the Mental Health Board.

The Stark County Initiative is also inclusive of a larger county-wide effort that supports parent involvement and family literacy. Stark County Schools and Canton City Schools in cooperation with Head Start are designing organizational structures that support parent volunteers, community services, program and instructional technology, and transitional services to meet individual family needs. The primary building sites will develop wrap-around services that deliver a wide and community based range of services to young children and families. In addition to educational programs, Stark County is a pilot site for the Governor's Family and Children's First Initiative which is to develop a county plan that integrates the services of social service agencies and various educational programs.

Funding sources for the Stark County Initiative include Ohio Department of Education, Federal Entitlement monies, the Martha Holden Jennings Foundation, East Ohio Gas Company, the Environmental Protection Agency, and local in-kind contributions. The increased use of co-mingled funds allows for quality program expansion and services in the county school systems.

Wisconsin

Statewide Directives

The Governor in 1990 created the Commission on Families and Children, comprising the Governor, the Secretary of Health and Social Services, the Secretary of Industry, Labor and Human Relations, the State Superintendent of Public Instruction, and 17 public members representing a variety of interests involving services for families and children. The Commission was directed to assess the status, scope, and effectiveness of all existing programs affecting families and children at the state level, and to review and evaluate state policies in order to draw a blueprint to direct future development of these programs.

Legislation

It is expected that the Wisconsin legislature will study again the mechanisms that enhance collaboration both at the state and local level. Passage of legislation will depend on the size of the fiscal note.

Funding Sources

A school board, in conjunction with one or more public agencies or nonprofit, community-based organizations, may apply for a three-year grant to develop and implement a collaborative service program for preschool or elementary grade pupils—or both—and their families. Programs are designed to improve the academic achievement of pupils, increase the efficiency of service delivery by reducing duplication of effort, and foster cooperation among schools, service providers, families, and pupils.

The state superintendent and the secretary of health and social services review the applications and jointly determine the grant recipients and the amount of each grant. Grants for Collaborative Projects are three-year grants to a rural school district, suburban school district, and urban school district—other than the district operating under Chapter 119—for projects conducted in collaboration with the county social services or human services department,

integrating social services and school responsibilities affecting pupils and their parents. Preference is given to projects that deliver services at a single location.

Learning Assistance Grants can be used to coordinate education and health and social services for pupils and their families; to integrate early childhood education and child care grants to local districts based on a local plan, which must include a collaboration component; and to provide educational, health, mental health, nutritional, and social services to low-income preschoolers and their families.

Implications

State Policymakers

Implications include changes in statute regarding governance, i.e., charter schools; the need to conceptualize an oversight mechanism for community-based activity; and reallocation of existing dollars.

State-Level Agency Heads and Staff

Restructuring is based on a clear mission, participatory management, and the open flow of information. Accountability is based on measurable outcomes and funding tied to those outcomes. Staff must be trained in systems thinking.

Local Agency Staff

Staff need to develop partnerships with those from their agencies. The amount of money pooled to support collaborative efforts should increase. Electronic networking capabilities must improve. Staff must be given permission to experiment. The number of staff and agencies participating in collaboration training/activities will increase.

Consumers / Families

Families will benefit from a single point of access to information and support and opportunities to make choices. Services will be designed and implemented to build on the strengths and resources of children and their families. Identification of needs will occur earlier and focus on the support and maintenance of intact families. Finally, efficiency and effectiveness will improve through total quality management or a continuous improvement model.

Constraints

The primary barriers to change are lack of time and imagination, tradition, and an attitude that says, "If we are so good why should we change?"

Future

According to State Superintendent of Public Instruction John T. Benson, "We cannot expect families and schools to be solely responsible for raising and educating our children. All the adults and older children in a community have a duty and responsibility to be part of that process and to share that burden. Until we recommit to the idea that it's everybody's business to raise the community's children, we as a society will continue to struggle and fail in our attempts to educate all the children of all the people."

The Early Learning Centers

Located in Sheboygan, Wisconsin, the Early Learning Centers have a primary goal of successfully integrating young children with special needs and at-risk children with other children to enhance the overall development of all children. The Early Learning Centers have established a collaborative network with agencies that can offer children and families support that includes health, mental health, social, and other services. These collaborative activities are conducted in conjunction with Sheboygan's Early Childhood Council. The Council was established in 1990 in response to recommendations made by the statewide Task Force on Early Childhood Education. The Task Force was itself established by the State Superintendent of Schools in Wisconsin, and funds administered by the Department of Public Instruction have been made available to communities pursuing the Task Force's recommendation for communitywide collaboration. Because Sheboygan has a coordinating council committed to addressing priority issues and problems among young children and families, the community has an arena and framework for collaborative action.

Guest Commentary

New Tools for Collaboration

By Jule M. Sugarman, Chairman, Center on Effective Services for Children

(This article is based on a forthcoming book by the author entitled *Building Local Strategies for Young Children and Their Families.*)

A Decade of Change

The last ten years have seen a growing demand for radical change in the delivery of human services for young children and their families. The operative words have become system change, cooperation, coordination, and—most popular of all—collaboration. Other phrases, such as locally managed, family-focused, age-appropriate, blended funding, and seamless services, have become part of the lexicon of academics, planners, and a surprising number of practitioners.

Many state officials are considering shifting their focus from rigid systems based on tight regulations and prior approval to new approaches that prospectively would emphasize flexible standards with training and technical assistance provided by the state. Similarly, there is growing interest in accountability and evaluation by state agencies. Collaboration among state agencies is being nurtured by Children's Cabinets in some states, by offices for children in others, and by a variety of other arrangements.

The concept of child development as embracing the years from the prenatal period through the third grade is now widely accepted. Thus, new ties become necessary between schools and programs that serve younger children.

Programs are now being conceived as child care and development programs. The distinctions between the two have become archaic. Most professionals now believe that child development programs must find ways to meet family needs for child care. Similarly, a growing consensus holds that all forms of child care ought to incorporate child development activities.

Families increasingly are being seen as critical to the success of working with children. The term "families" is often used in lieu of "parents," because the nurturing of children involves a variety of arrangements. Grandparents, siblings, other relatives, friends, new partners, foster parents, and others are frequently living in the home; foster parents and others are frequently the principle source of support for the child. Multidimensional efforts now speak to educating families in parenting skills, consciously involving families in working with their children at home, and involving families in classrooms. Many programs now seek seriously to involve families in the management of programs.

The holistic approach emphasizes the need to address child and family problems and opportunities on a multi-institutional, multiprofessional basis. Thus, we find increasing interest in facilitating interaction among health, mental health, education, nutrition, family support, and social services personnel. Staffs with different backgrounds are operating in organizations outside of their traditional bases. For example, schools are seen by some as a logical base for providing health services. Mental health personnel and social workers are now found in many schools. Public health personnel are moving beyond traditional concerns for well baby care to a much more comprehensive approach to meeting the entire range of health care needs for children and their families. Family participation is becoming an ingredient of all types of service programs. The growing complexity of these arrangements is creating new demands for effective case management in a variety of forms.

One also must note a distinct shift in political concern about children at both the national and state levels. New laws have been enacted within the last ten years. Appropriation levels at both state and federal levels, while still unsatisfactory, are growing faster than most other public programs. The growth has been most encouraging in areas such as health care, through the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT) within the Medicaid program; nutrition through the Women, Infants, and Children (WIC) supplemental feeding program for pregnant women and infants, child care and school nutrition programs, and increased support for food stamps; child development activities

through Head Start; a variety of child care programs, including JOBS, transition and at-risk care as well as a new Child Care and Development Block Grant Act, which went into effect in 1991; efforts to increase child support collections; and foster care and adoption, as well as child protective services.

Changes for the Next Decade

Unfortunately, many of the changes described above are goals rather than realities. Today's systems look very much like those of a decade ago. Examples of real cooperation, coordination, and collaboration are still very much the exception. Interdisciplinary professional training and cross-program careers are scarce. Effective case management, sharing of information, common databases, and shared funding are rare. Very few locations are making a real effort to plan on a multiprogram basis.

As in the past, no single organization and no single official has responsibility for services to children and families. While governors have a great deal of authority, education systems are substantially insulated from their influence. Both state and local boards of health often operate independent of the governor. Federal regulations sharply delimit what a governor can and cannot do.

Consolidating authority in a single agency for children and families has often been discussed. Frankly, we do not think that such an agency will ever be created. Too many programs and professions wish to retain their independence, and there are too many legislators in Congress and the states, legislative staffs, national advocacy groups, and parent groups to permit extensive consolidation of programs.

Furthermore, the record of consolidating programs under the supervision of large bureaucracies is less than satisfactory. Indeed, current thinking tends to favor decentralization. School-based management is a prime example, but the urge toward decentralization affects other areas as well.

We believe that progress requires constructing voluntary systems of collaboration that are seen as mutually advantageous to all of the participants. Collaboration needs to be encouraged by federal and state policies, but the real action is at the local level. In my forthcoming book, I make the following point:

> The importance of local communities is that they are where services are actually delivered. It is local practice that will determine whether programs are effectively operated; staffed with highly competent people, working in harmony with one another; welcoming families as active partners; assuring that seriously at-risk children and families are identified and their needs responded to; forging collaborative partnerships among education, child care and development, health, mental health, family support, protective, social services and financial assistance programs; and establishing systems for evaluation and accountability.

In my view, the principal obstacle to creating voluntary collaboration among local programs is the belief that federal and state policies will not permit it. One can argue that this impression is not true, but the reality is that most people and, I suspect, many federal and state officials believe that it *is* true. In order to create a different attitude at all levels of government, I am proposing the use of *consolidated state plans.* Under this concept, a state would propose a plan for federal approval covering some 39 federal programs. The state plan would make clear that local communities have authority to:

- Share in the costs of serving a specific child or family
- Share confidential information on a need-to-know basis
- Finance jointly common services such as planning, family information systems, database management, transportation, food services, and other administrative activities
- Establish common service delivery sites under administrative leadership of a specific agency
- Conduct joint training programs
- Establish coordinated systems of accountability and evaluation

In effect, the consolidated plan approach allows local communities to establish practical and effective systems of collaboration and thereby to improve the delivery of services. The states of Indiana and West Virginia will

be working with our Center on Effective Services for Children to develop a consolidated state plan tailored to their individual needs as well as to prepare state versions of our book on *Building Local Strategies for Young Children and Their Families.*

Jule M. Sugarman *is the chairman of the Center on Effective Services for Children, Washington, D.C. He was formerly executive director and chief operating officer of Special Olympics International; secretary, Department of Social and Health Services, State of Washington; vice president for administration, Hahnemann University and Medical School, Philadelphia; vice chairman, U.S. Civil Service Commission; and director and cofounder of the National Head Start Program.*

Guest Commentary

Developing Comprehensive Services in Early Childhood: Is Service Integration the Answer?

By Charles Bruner, Director of the Child and Family Policy Center, Des Moines, Iowa

By now, the call for more integrated, comprehensive, and community-based services and supports for children and their families has become common. Doug Nelson, Director of the Annie E. Casey Foundation (one of the pioneering foundations in supporting more integrated services) puts it this way:

> There is widespread agreement that adequately meeting the needs of disadvantaged children and their families will require services that are flexible, family focused, and comprehensive. ... Despite good intentions, autonomous agencies with differing perspectives, mandates, and missions frequently offer uncoordinated, incomplete, and even contradictory help to disadvantaged children and their families who need assistance.

Advocates, policymakers, administrators, and staff have called for more collaboration, coordination, and integration of these "fragmented" services in order to provide a better match between what children and families need and what current systems offer them.

With respect to early childhood services, however, "service integration" is the answer *only if* "service fragmentation" is the problem. It may appear that early care and education services for children in the preschool years (0-6) and their families are fragmented. In almost every community in the country, public efforts have been made to develop child care centers and other child care arrangements, preschool programs, and services to help families meet their young children's health and developmental needs. Increasingly, governments (local, state, and federal) are establishing and financing discrete new programs and services for families with young children.

Still, it is important to recognize that a proliferation of programs and program settings does not itself constitute a "fragmentation" of services. Such a proliferation of programs may simply fill broad service gaps and not result in a real overlap or duplication of services.

Service "fragmentation" implies much more than the existence of multiple, independently operating programs and services from which consumers may chose. In the context of developing more integrated public responses to children and families, "fragmentation" implies a segregation of responses (or interventions) into discrete and independent programs (or units of service). It implies that many families are eligible for and are receiving two or more services. Finally, it implies that these services would themselves be more effective if provided in a comprehensive manner, rather than separately.

Under the broad rubric of early care and education services, there are at least three different rationales for providing public resources that might lend themselves to development of a "fragmented" service system:

(1) To allow parents to be involved in the workforce by providing substitute (child) care for their children while they are at work or in training

(2) To provide professional (or paraprofessional) child development services to children to improve their developmental progress

(3) To provide guidance and support to parents to increase their ability to offer a nurturing, developmental environment for their children

Clearly, the configuration of federal, state, and local financing of early childhood services includes examples in each of these areas. As a society, however, we have yet to reach a consensus on which of these areas (if any) represents a true public responsibility, either for families universally or for those experiencing disadvantage. Much of the funding provided through public systems is on a small-scale demonstration or grant basis, and no categories of families are truly entitled to early childhood services.

For this reason, most public responses in the early childhood arena have fallen far short of serving the broad range of families that might benefit from services. In practice, few families can obtain publicly supported child care, child development, and parenting support services from three different service settings ("fragmentation"), and many more families cannot obtain any early childhood services ("service gap").

This distinction is important in developing a more integrated, comprehensive, and community-based system of services and supports for young children and their families. Specifically, if the fundamental need is for more services, integration of existing services through pooled funding streams, regulatory policies, or collaborative mandates (the tools often used to support service integration) will do little to fill this need.

Rather, we first must seek to define much more specifically society's responsibility for financing and providing child care, child development, and parenting support services. We must define which families are entitled to receive services and toward what minimum ends. Parents have the fundamental responsibility for ensuring that their children start school "ready to learn," but society also has a responsibility to support those children when parental support alone will not achieve some minimum developmental end. These ends need to be clearly defined.

Second, we must ensure that sufficient public resources are provided to achieve these ends. We must identify the services that already are being provided and identify the service gap in each of the three above-mentioned service areas in order to define society's new responsibility. We must remember that not all families need all types of support. Some families need only high-quality, full-day child care; others need only a part-day, developmentally appropriate preschool experience; still others need only family support and guidance in the nurturing of their newborn children.

Third, we must meet early childhood service needs with the consumers in mind. In many instances, setting this goal will lead to comprehensive and integrated services and supports, providing all services within the same program. We do not want to construct an artificially "fragmented" system of services for families with young children packaged into separate programs. At the same time, we want a system through which families can receive what they want and need without receiving more than they need, which will not always involve a comprehensive service package. To be effective and efficient, the service system must be flexible to respond to individual family needs.

It is important that "service integration" not be posed as the only solution to meeting the needs of families with young children. "Service integration" is the answer only if "service fragmentation" is the problem. While we do need better coordination, collaboration, and integration of early childhood services, fragmentation is not the most pressing problem.

Our main concern should be establishing a public commitment to meeting minimum family needs for early childhood services that can help us attain the first educational goal. This commitment will require more comprehensive and integrated services for families with young children, but primarily it will require more services.

Charles Bruner, Ph.D., *is the Director of the Child and Family Policy Center in Des Moines, Iowa, and heads the Technical Assistance Resource Network of the National Center for Service Integration. A former state legislator, Bruner has written and consulted extensively on state-level systems reform efforts to construct more comprehensive, consumer-driven, and community-based service systems for vulnerable families and their children. He is also a member of NCREL's Early Childhood Advisory Council.*

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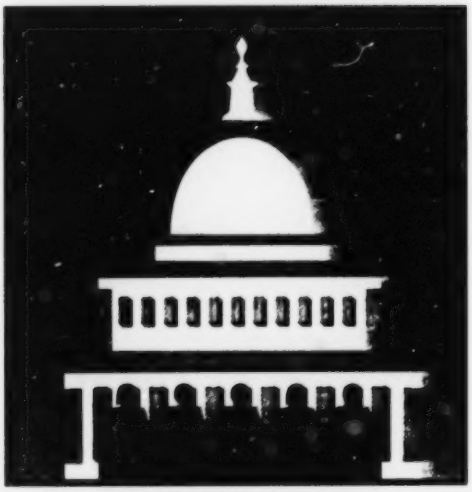

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